Filing at a Glance

Company: Employers Mutual Casualty Company

Product Name: Dwelling	SERFF Tr Num: EMCC-125902033	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT $50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num: AR-DWG-2008-02	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Becky Harrington, Brittany Yielding
	Author: Jo Byers	Disposition Date: 12/03/2008
	Date Submitted: 11/13/2008	Disposition Status: Filed
Effective Date Requested (New): 02/15/2009		Effective Date (New): 02/15/2009
Effective Date Requested (Renewal): 02/15/2009		Effective Date (Renewal): 02/15/2009

State Filing Description:

1.53 multiplier for both liability and property coverages per previous filing EMCC-125220140

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization: ISO	Reference Number: DP-2008-RLA1
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/03/2008	
State Status Changed: 11/19/2008	Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

November 13, 2008

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third St.

Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

Dwelling Program

Adopt ISO's Revised Loss Costs

Designation # DP-2008-RLA1

Company Filing #: AR-DWG-2008-02

Effective: February 15, 2009

The captioned company is a member of Insurance Services Office (ISO) and the Dwelling Program is filed on our behalf. We are transmitting for filing our intent to adopt the revised loss costs found in reference filing number DP-2008-RLA1. We will continue to use our currently filed loss cost multiplier of 1.53.

We supplement this filing with the $50.00 filing fee (EFT), our previously filed Reference Filing Adoption Form RF-2, Property and Casualty Transmittal Document, revised manual pages D-R-1 – D-R-5, D-R-8, and D-T-1 – D-T-5; these pages replace the same pages currently filed.

We respectfully request your acknowledgment of this revision to be applicable to policies effective on or after February 15, 2009. Thank you.

Jo L. Byers, Filings Analyst

Rates and Filings Dept.

(800) 247-2128 Ext. 2707

jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst
PO Box 712
Des Moines, IA 50306-0712

Jo.L.Byers@EMCIns.com
(800) 247-2128 [Phone]
(515) 345-2223[FAX]

Filing Company Information

Employers Mutual Casualty Company	CoCode: 21415	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name:	State ID Number:
(800) 247-2128 ext. [Phone]	FEIN Number: 42-0234980	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Mutual Casualty Company	$50.00	11/13/2008	23904361

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	12/03/2008	12/03/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Becky Harrington	11/19/2008	11/19/2008	Jo Byers	12/03/2008	12/03/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
HPCS-Homeowners Premium Comparison Survey	Supporting Document	Jo Byers	12/03/2008	12/03/2008

Disposition

Disposition Date: 12/03/2008
Effective Date (New): 02/15/2009
Effective Date (Renewal): 02/15/2009
Status: Filed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*EMCC-125902033*	*State:*	*Arkansas*
Filing Company:	*Employers Mutual Casualty Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*AR-DWG-2008-02*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*Dwelling*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document *(revised)*	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	Yes
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		Yes
Supporting Document *(revised)*	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document *(revised)*	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Response	Filed	Yes
Rate	manual pages	Filed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/19/2008
Submitted Date	11/19/2008
Respond By Date	

Dear Jo Byers,

This will acknowledge receipt of the captioned filing.

Objection 1

- Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines (Supporting Document)

Comment: This form is still required with all rate change filings, including loss costs.

Objection 2

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:
Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas. Please complete this form if you are writing a DP-2 policy.

Objection 3

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment: The overall effect of the ISO reference document was -6.3%. Shouldn't this be the effect of this filing since you are applying the same multipliers as previously filed?

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.
Sincerely,
Becky Harrington

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/03/2008
Submitted Date	12/03/2008

SERFF Tracking Number:	*EMCC-125902033*	*State:*	*Arkansas*
Filing Company:	*Employers Mutual Casualty Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*AR-DWG-2008-02*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*Dwelling*		
Project Name/Number:	*/*		

Dear Becky Harrington,

Comments:

Response 1

Comments: Response to problem report

Related Objection 1

Applies To:

- Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines (Supporting Document)

Comment:

This form is still required with all rate change filings, including loss costs.

Related Objection 2

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas. Please complete this form if you are writing a DP-2 policy.

Related Objection 3

Applies To:

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment:

The overall effect of the ISO reference document was -6.3%. Shouldn't this be the effect of this filing since you are applying the same multipliers as previously filed?

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines

Comment:

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

Satisfied -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp

Comment:

Satisfied -Name: Response

SERFF Tracking Number:	*EMCC-125902033*	*State:*	*Arkansas*
Filing Company:	*Employers Mutual Casualty Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*AR-DWG-2008-02*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*Dwelling*		
Project Name/Number:	*/*		

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jo Byers

Amendment Letter

Amendment Date:

Submitted Date: 12/03/2008

Comments:

Attached non-owner occupied HPCS form

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

rff_hpcs.xlsm

rff_hpcs_2.xlsm

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	manual pages	D-R-1 – D-R-5, D-R-8, and D-T-1 – D-T-5	Replacement		orig_agency.pdf

KEY FACTORS: FIRE

301. BASE PREMIUM COMPUTATION

ALL FORMS
COVERAGES A AND C

Limit of Liability	Cov. A	Cov. C
$1,000 #	0.310	0.350
2,000	0.346	0.480
3,000	0.382	0.610
4,000	0.419	0.740
5,000	0.455	0.870
6,000	0.491	1.000
7,000	0.528	1.130
8,000	0.564	1.260
9,000	0.600	1.390
10,000	0.637	1.520
11,000	0.673	1.650
12,000	0.709	1.780
13,000	0.746	1.910
14,000	0.782	2.040
15,000	0.818	2.170
16,000	0.855	2.300
17,000	0.891	2.430
18,000	0.927	2.560
19,000	0.964	2.690
20,000	1.000	2.820
21,000	1.016	2.950
22,000	1.033	3.080
23,000	1.049	3.210
24,000	1.065	3.340
25,000	1.082	3.470

Limit of Liability	Cov. A	Cov. C
26,000	1.098	3.600
27,000	1.114	3.730
28,000	1.131	3.860
29,000	1.147	3.990
30,000	1.163	4.120
31,000	1.180	4.250
32,000	1.196	4.380
33,000	1.212	4.510
34,000	1.229	4.640
35,000	1.245	4.770
36,000	1.261	4.900
37,000	1.278	5.030
38,000	1.294	5.160
39,000	1.310	5.290
40,000	1.327	5.420
41,000	1.343	5.550
42,000	1.359	5.680
43,000	1.376	5.810
44,000	1.392	5.940
45,000	1.408	6.070
46,000	1.425	6.200
47,000	1.441	6.330
48,000	1.457	6.460
49,000	1.474	6.590
50,000	1.490	6.720
Each Addl $1,000	0.016	0.130

Use the $1,000 limit of liability to develop premiums for policy amounts less than $1,000.

KEY FACTORS: EXTENDED COVERAGE

301. BASE PREMIUM COMPUTATION (Cont'd.)

BROAD AND SPECIAL FORMS
COVERAGES A AND C

Limit of Liability	Cov. A	Cov. C
$1,000 #	0.566	0.170
2,000	0.588	0.330
3,000	0.611	0.500
4,000	0.634	0.670
5,000	0.657	0.830
6,000	0.680	1.000
7,000	0.703	1.170
8,000	0.726	1.340
9,000	0.749	1.500
10,000	0.771	1.670
11,000	0.794	1.840
12,000	0.817	2.000
13,000	0.840	2.170
14,000	0.862	2.330
15,000	0.885	2.500
16,000	0.908	2.670
17,000	0.931	2.840
18,000	0.953	3.000
19,000	0.976	3.170
20,000	1.000	3.340
21,000	1.023	3.510
22,000	1.046	3.670
23,000	1.068	3.840
24,000	1.091	4.000
25,000	1.114	4.170

Limit of Liability	Cov. A	Cov. C
26,000	1.137	4.340
27,000	1.159	4.510
28,000	1.182	4.680
29,000	1.205	4.850
30,000	1.228	5.020
31,000	1.250	5.190
32,000	1.273	5.360
33,000	1.296	5.530
34,000	1.320	5.700
35,000	1.342	5.870
36,000	1.365	6.040
37,000	1.388	6.210
38,000	1.411	6.380
39,000	1.433	6.550
40,000	1.456	6.720
41,000	1.479	6.890
42,000	1.502	7.060
43,000	1.524	7.230
44,000	1.547	7.400
45,000	1.570	7.570
46,000	1.593	7.740
47,000	1.615	7.910
48,000	1.639	8.080
49,000	1.662	8.250
50,000	1.685	8.420
Each Addl $1,000	0.023	0.170

Use the $1,000 limit of liability to develop premiums for policy amounts less than $1,000.

KEY PREMIUMS: FIRE

301. BASE PREMIUM COMPUTATION (Cont'd.)

FIRE: Coverages A & C All Forms - Non Seasonal and Seasonal

OWNER OCCUPIED

ALL TERRITORIES

Prot. Class	Const *	Prem. Group No.	No. of Families						
			1		2		3 or 4		5 or more
			Cov.		Cov.		Cov.		Cov.
			A	C	A	C	A	C	C
01	M	1	60	15	66	15	96	20	29
	F	12	81	21	89	21	129	27	39
02	M	2	61	16	67	16	97	20	30
	F	13	82	21	90	21	130	27	40
03	M	3	61	16	68	16	98	21	30
	F	14	82	21	91	21	132	28	40
04	M	4	62	16	68	16	100	21	30
	F	15	83	22	92	22	133	28	41
05	M	5	63	16	69	16	101	21	31
	F	16	84	22	92	22	135	28	41
06	M	6	64	17	70	17	102	21	31
	F	17	85	22	93	22	136	29	42
07	M	7	65	17	71	17	104	22	32
	F	18	101	26	111	26	161	34	49
08	M	8	76	20	83	20	121	25	37
	F	19	109	28	120	28	175	37	53
8B	M	9	93	24	103	24	149	31	46
	F	20	135	35	148	35	215	45	66
09	M	10	105	27	116	27	168	35	51
	F	21	151	39	166	39	242	51	74
10	M	11	135	35	148	35	215	45	66
	F	22	193	50	213	50	309	65	95

* M=Masonry, F=Frame. Masonry Veneer is rated as masonry.
Aluminum or plastic siding over frame is rated as frame.

KEY PREMIUMS: FIRE (Cont'd.)

301. BASE PREMIUM COMPUTATION (Cont'd.)

FIRE: Coverages A & C All Forms - Non Seasonal and Seasonal

NON-OWNER OCCUPIED

ALL TERRITORIES

Prot. Class	Const *	Prem. Group No.	No. of Families						
			1		2		3 or 4		5 or more
			Cov.		Cov.		Cov.		Cov.
			A	C	A	C	A	C	C
01	M	1	75	15	82	15	119	20	29
	F	12	101	21	111	21	161	27	39
02	M	2	76	16	83	16	121	20	30
	F	13	102	21	112	21	163	27	40
03	M	3	77	16	84	16	123	21	30
	F	14	103	21	113	21	165	28	40
04	M	4	78	16	86	16	124	21	30
	F	15	104	22	114	22	166	28	41
05	M	5	79	16	87	16	126	21	31
	F	16	105	22	116	22	168	28	41
06	M	6	80	17	88	17	128	21	31
	F	17	106	22	117	22	170	29	42
07	M	7	81	17	89	17	129	22	32
	F	18	126	26	139	26	202	34	49
08	M	8	95	20	104	20	151	25	37
	F	19	137	28	150	28	219	37	53
8B	M	9	117	24	128	24	187	31	46
	F	20	168	35	185	35	269	45	66
09	M	10	131	27	145	27	210	35	51
	F	21	189	39	208	39	303	51	74
10	M	11	168	35	185	35	269	45	66
	F	22	242	50	266	50	387	65	95

* M=Masonry, F=Frame. Masonry Veneer is rated as masonry.
Aluminum or plastic siding over frame is rated as frame.

KEY PREMIUMS: EXTENDED COVERAGE

301. BASE PREMIUM COMPUTATION (Cont'd.)

EXTENDED COVERAGE: Broad and Special Forms - Coverages A and C

	Prem.	Cov. A			Cov. C	
	Group	Forms DP 00			Forms DP 00	
Terr.	No.	01	02	03	01	02 & 03
ALL	1	47	71	85	4	9

***Rating Notes**
DP0001: Key Premiums are Non Seasonal and Seasonal.
DP0002 and **DP0003:** Key Premiums are Non Seasonal only and include the charge for E.C. and V.& M.M. perils.
To develop the Seasonal BASE PREMIUM, multiply the following factors by the **DP0001** E.C.,BASE PREMIUM:

Terr.	Cov.	DP0002	DP0003
ALL	A	1.75	2.10
	C	2.75	2.75

ISO RULE RELATED RATES

ADDITIONAL RULE – CONDITIONS CHARGES

Rate per $1,000 of insurance $2.02

302. VANDALISM & MALICIOUS MISCHIEF – DP0001

(DP0001)	**Rates per $1,000**
Not Seasonal or Vacant	$ .09
Seasonal & Not Vacant	.44
Vacant	7.13
In Course of Construction	.09

*

500. MISCELLANEOUS RATES

	Rates per $1,000
A. Fire: Protection Class 1-8	$1.67
8B, 9 & 10	2.97
B. Extended Coverage (DP0001)	.78
C. Broad Form (DP0002)	1.13
D. Special Form (DP0003)	1.51
E. Broad Form (DP0002) with Endst. **DP0465**	1.51

Rates for A. are cumulative with either B., C., D., or E.

*

508. TREES, SHRUBS AND OTHER PLANTS

C. Premium

1. Fire, E.C., Broad and Special Forms

The following rates per $1,000 apply to all occupancies, territories, construction and protection classifications, unless otherwise specified:

Fire (DP0001):

Protection Class 1-8	$1.67
8B, 9 & 10	2.97

Extended Coverage:

a. (DP0001) — All Specified Perils

Including Wind or Hail	$42.78
Excluding Wind or Hail	.86

b. Windstorm or Hail

(DP0002/DP0003)	$41.92

2. V&MM (DP0001)

Refer to Rule 302. — V&MM.

EARTHQUAKE TERRITORY DEFINITIONS

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
71601	07	71742	08	71858	08
71602	08	71743	08	71859	08
71603	08	71744	08	71860	08
71611	07	71745	08	71861	08
71612	08	71747	08	71862	08
71613	08	71748	08	71864	08
71630	07	71749	08	71865	08
71631	08	71750	08	71866	08
71635	08	71751	08	71872	08
71638	07	71752	08	71901	08
71639	07	71753	08	71902	08
71640	07	71754	08	71903	08
71642	08	71758	08	71909	08
71643	07	71759	08	71910	08
71644	07	71762	08	71913	08
71646	08	71763	08	71914	08
71647	08	71764	08	71920	08
71651	08	71765	08	71921	08
71652	08	71766	08	71922	08
71653	07	71768	08	71923	08
71654	07	71770	08	71929	08
71655	08	71801	08	71932	08
71656	08	71802	08	71933	08
71657	08	71820	08	71935	08
71658	07	71822	08	71937	08
71659	07	71823	08	71940	08
71660	08	71825	08	71941	08
71661	07	71826	08	71942	08
71662	07	71827	08	71943	08
71663	07	71828	08	71944	08
71665	08	71831	08	71945	08
71666	06	71832	08	71949	08
71667	07	71833	08	71950	08
71670	07	71834	08	71952	08
71671	08	71835	08	71953	08
71674	06	71836	08	71956	08
71675	08	71837	08	71957	08
71676	07	71838	08	71958	08
71677	07	71839	08	71959	08
71678	07	71840	08	71960	08
71701	08	71841	08	71961	08
71711	08	71842	08	71962	08
71720	08	71844	08	71964	08
71721	08	71845	08	71965	08
71722	08	71846	08	71968	08
71724	08	71847	08	71969	08
71725	08	71851	08	71970	08
71726	08	71852	08	71971	08
71728	08	71853	08	71972	08
71730	08	71854	08	71973	08
71731	08	71855	08	71998	08
71740	08	71857	08	71999	08

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72001	08	72059	06	72125	08
72002	08	72060	07	72126	08
72003	08	72061	08	72127	08
72004	07	72063	08	72128	08
72005	07	72064	07	72129	08
72006	06	72065	07	72130	08
72007	08	72066	07	72131	08
72010	06	72067	08	72132	08
72011	08	72068	07	72133	07
72012	08	72069	07	72134	07
72013	08	72070	08	72135	08
72014	07	72072	07	72136	08
72015	08	72073	07	72137	08
72016	08	72074	07	72139	06
72017	07	72075	07	72140	07
72018	08	72076	08	72141	08
72019	08	72078	08	72142	07
72020	07	72079	08	72143	08
72021	07	72080	08	72145	08
72022	08	72081	08	72149	08
72023	08	72082	07	72150	08
72024	07	72083	07	72152	07
72025	08	72084	08	72153	08
72026	07	72085	08	72156	08
72027	08	72086	07	72157	08
72028	08	72087	08	72160	07
72029	07	72088	08	72164	07
72030	08	72089	08	72165	07
72031	08	72099	08	72166	07
72032	08	72101	07	72167	08
72033	08	72102	08	72168	07
72034	08	72103	08	72169	07
72035	08	72104	08	72170	07
72036	07	72105	08	72173	08
72037	07	72106	08	72175	07
72038	07	72107	08	72176	07
72039	08	72108	07	72178	08
72040	07	72110	08	72179	08
72041	07	72111	08	72180	07
72042	07	72112	07	72181	08
72043	07	72113	08	72182	07
72044	08	72114	07	72183	07
72045	08	72115	07	72189	07
72046	07	72116	07	72190	07
72047	08	72117	06	72198	07
72048	06	72118	08	72199	08
72051	08	72119	07	72201	07
72052	07	72120	07	72202	07
72053	07	72121	08	72203	07
72055	07	72122	08	72204	08
72057	08	72123	07	72205	08
72058	08	72124	07	72206	07

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72207	07	72352	07	72430	06
72209	08	72353	07	72431	07
72210	08	72354	04	72432	06
72211	08	72355	07	72433	07
72212	08	72358	01	72434	08
72214	08	72359	06	72435	06
72215	08	72360	06	72436	06
72216	07	72364	02	72437	06
72217	07	72365	04	72438	04
72219	08	72366	07	72439	06
72221	08	72367	06	72440	08
72222	08	72368	07	72441	06
72223	08	72369	07	72442	05
72225	08	72370	02	72443	06
72227	08	72372	07	72444	07
72231	06	72373	03	72445	07
72260	07	72374	07	72447	06
72295	07	72376	02	72449	06
72301	02	72377	04	72450	06
72303	02	72379	06	72451	06
72310	01	72383	07	72453	06
72311	07	72384	02	72454	06
72312	06	72386	03	72455	07
72313	01	72387	06	72456	06
72315	02	72389	07	72457	06
72316	02	72390	06	72458	07
72319	02	72391	03	72459	08
72320	05	72392	07	72460	08
72321	02	72394	04	72461	06
72322	06	72395	01	72462	06
72324	06	72396	06	72464	06
72325	02	72401	06	72465	07
72326	06	72402	06	72466	08
72327	04	72403	06	72467	06
72328	06	72404	06	72469	08
72329	01	72410	07	72470	06
72330	03	72411	06	72471	07
72331	02	72412	06	72472	06
72332	02	72413	06	72473	07
72333	07	72414	06	72474	06
72335	06	72415	07	72475	06
72336	06	72416	06	72476	07
72338	01	72417	06	72478	07
72339	02	72419	06	72479	07
72340	07	72421	07	72482	08
72341	06	72422	06	72501	08
72342	06	72424	06	72503	08
72346	04	72425	06	72512	08
72347	07	72426	03	72513	08
72348	04	72427	07	72515	08
72350	01	72428	04	72517	08
72351	03	72429	06	72519	08

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72520	08	72601	08	72687	08
72521	08	72602	08	72701	08
72522	07	72611	08	72702	08
72523	08	72613	08	72703	08
72524	06	72615	08	72704	08
72525	08	72616	08	72711	08
72526	08	72617	08	72712	08
72527	08	72619	08	72714	08
72528	08	72623	08	72715	08
72529	08	72624	08	72716	08
72530	08	72626	08	72717	08
72531	08	72628	08	72718	08
72532	08	72629	08	72719	08
72533	08	72630	08	72721	08
72534	08	72631	08	72722	08
72536	08	72632	08	72727	08
72537	08	72633	08	72728	08
72538	08	72634	08	72729	08
72539	08	72635	08	72730	08
72540	08	72636	08	72732	08
72542	08	72638	08	72733	08
72543	08	72639	08	72734	08
72544	08	72640	08	72735	08
72545	08	72641	08	72736	08
72546	08	72642	08	72737	08
72550	08	72644	08	72738	08
72553	07	72645	08	72739	08
72554	08	72648	08	72740	08
72555	08	72650	08	72741	08
72556	08	72651	08	72742	08
72560	08	72653	08	72744	08
72561	08	72654	08	72745	08
72562	06	72655	08	72747	08
72564	07	72657	08	72749	08
72565	08	72658	08	72751	08
72566	08	72660	08	72752	08
72567	08	72661	08	72753	08
72568	08	72662	08	72756	08
72569	08	72663	08	72757	08
72571	08	72666	08	72758	08
72572	08	72668	08	72760	08
72573	08	72669	08	72761	08
72575	08	72670	08	72762	08
72576	08	72672	08	72764	08
72577	08	72675	08	72765	08
72578	08	72677	08	72766	08
72579	07	72679	08	72768	08
72581	08	72680	08	72769	08
72583	08	72682	08	72770	08
72584	08	72683	08	72773	08
72585	08	72685	08	72774	08
72587	08	72686	08	72776	08

EARTHQUAKE TERRITORY DEFINITIONS (Cont'd.)

ZIP CODE	TERRITORY	ZIP CODE	TERRITORY	ZIP CODE	TERRITORY
72801	08	72923	08		
72802	08	72926	08		
72811	08	72927	08		
72812	08	72928	08		
72820	08	72930	08		
72821	08	72932	08		
72823	08	72933	08		
72824	08	72934	08		
72826	08	72935	08		
72827	08	72936	08		
72828	08	72937	08		
72829	08	72938	08		
72830	08	72940	08		
72832	08	72941	08		
72833	08	72943	08		
72834	08	72944	08		
72835	08	72945	08		
72837	08	72946	08		
72838	08	72947	08		
72839	08	72948	08		
72840	08	72949	08		
72841	08	72950	08		
72842	08	72951	08		
72843	08	72952	08		
72845	08	72955	08		
72846	08	72956	08		
72847	08	72957	08		
72851	08	72958	08		
72852	08	72959	08		
72853	08				
72854	08				
72855	08				
72856	08				
72857	08				
72858	08				
72860	08				
72863	08				
72865	08				
72901	08				
72902	08				
72903	08				
72904	08				
72905	08				
72906	08				
72908	08				
72913	08				
72914	08				
72916	08				
72917	08				
72918	08				
72919	08				
72921	08				

Supporting Document Schedules

Satisfied -Name: Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines

Review Status: Filed 12/03/2008

Comments:

Attachment:

rff_Rate Filing Abstract_RF1.pdf

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Review Status: Filed 12/03/2008

Comments:

Attachments:

rff_hpcs.xlsm

rff_hpcs_2.xlsm

Satisfied -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp

Review Status: Filed 12/03/2008

Comments:

Attachment:

rff_rf2_property.pdf

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Filed 12/03/2008

Comments:

Attachment:

rff_pctd.pdf

Satisfied -Name: Response

Review Status: Filed 12/03/2008

Comments:

SERFF Tracking Number:	*EMCC-125902033*	*State:*	*Arkansas*
Filing Company:	*Employers Mutual Casualty Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*AR-DWG-2008-02*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*Dwelling*		
Project Name/Number:	*/*		

Attachment:

fil_120308_response.pdf

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-DWG-2008-02

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	ISO DP-2008-RLA1

		Company Name		Company NAIC Number
3.	**A.**	Employers Mutual Casualty Company	**B.**	062-21415

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
4.	**A.**	Property	**B.**	Personal Property (Dwelling)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY (E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Dwelling Fire		-6.3%	0.653	1.000	1.530	NA	1.530
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	152			$56	$46	0.824	0.689
2004	159			$56	$5	0.092	0.621
2005	129			$51	$4	0.075	0.709
2006	103			$43	$0	0.000	0.510
2007	91	0.7%	10/01/07	$38	$6	0.167	0.533

7.

Expense Constants	Selected Provisions
A. Total Production Expense	21.0%
B. General Expense	5.5%
C. Taxes, Licenses & Fees	3.3%
D. Underwriting Profit & Contingencies	4.9%
E. Other (explain)	
F. TOTAL	34.7%

8. Y Apply Loss Cost Factors to Future filings? (Y or N)

9. 0 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. -6.3% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC Number:	21415
Company Name:	Employers Mutual Casualty Company (Owner Occupied)
Contact Person:	Jo L. Byers
Telephone No.:	800-247-2128 ext. 2707
Email Address:	jo.l.byers@emcins.com
Effective Date:	2/15/2009

Homeowners Premium Comparision Survey Form
FORM HPCS - last modified August, 2005

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

Submit to: *Arkansas Insurance Department*
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: *501-371-2800*
Email as an attachment to insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a cdr disk

Survey Form for HO3 (Homeowners) - Use $500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*
3	*$80,000*																		
	$120,000																		
	$160,000																		
6	*$80,000*																		
	$120,000																		
	$160,000																		
9	*$80,000*																		
	$120,000																		
	$160,000																		

Survey Form for HO4 (Renters) - Use $500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*
3	*$5,000*																		
	$15,000																		
	$25,000																		
6	*$5,000*																		
	$15,000																		
	$25,000																		
9	*$5,000*																		
	$15,000																		
	$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use $500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*
3	*$80,000*	$315.00	$423.00	$315.00	$423.00	$315.00	$423.00	$315.00	$423.00	$315.00	$423.00	$315.00	$423.00	$315.00	$423.00	$315.00	$423.00	$315.00	$423.00
	$120,000	$448.00	$601.00	$448.00	$601.00	$448.00	$601.00	$448.00	$601.00	$448.00	$601.00	$448.00	$601.00	$448.00	$601.00	$448.00	$601.00	$448.00	$601.00
	$160,000	$581.00	$779.00	$581.00	$779.00	$581.00	$779.00	$581.00	$779.00	$581.00	$779.00	$581.00	$779.00	$581.00	$779.00	$581.00	$779.00	$581.00	$779.00
6	*$80,000*	$331.00	$437.00	$331.00	$437.00	$331.00	$437.00	$331.00	$437.00	$331.00	$437.00	$331.00	$437.00	$331.00	$437.00	$331.00	$437.00	$331.00	$437.00
	$120,000	$471.00	$622.00	$471.00	$622.00	$471.00	$622.00	$471.00	$622.00	$471.00	$622.00	$471.00	$622.00	$471.00	$622.00	$471.00	$622.00	$471.00	$622.00
	$160,000	$611.00	$806.00	$611.00	$806.00	$611.00	$806.00	$611.00	$806.00	$611.00	$806.00	$611.00	$806.00	$611.00	$806.00	$611.00	$806.00	$611.00	$806.00
9	*$80,000*	$543.00	$785.00	$543.00	$785.00	$543.00	$785.00	$543.00	$785.00	$543.00	$785.00	$543.00	$785.00	$543.00	$785.00	$543.00	$785.00	$543.00	$785.00
	$120,000	$772.00	$1,116.00	$772.00	$1,116.00	$772.00	$1,116.00	$772.00	$1,116.00	$772.00	$1,116.00	$772.00	$1,116.00	$772.00	$1,116.00	$772.00	$1,116.00	$772.00	$1,116.00
	$160,000	$1,001.00	$1,447.00	$1,001.00	$1,447.00	$1,001.00	$1,447.00	$1,001.00	$1,447.00	$1,001.00	$1,447.00	$1,001.00	$1,447.00	$1,001.00	$1,447.00	$1,001.00	$1,447.00	$1,001.00	$1,447.00

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinquisher	%	*Deadbolt Lock*	%
Burglar Alarm	%	*Window Locks*	%
Smoke Alarm	%	*$1,000 Deductible*	%
		Other (specify)	
			%
		Maximum Credit Allowed	%

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this co

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	*(yes or no)*
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5	%

	Zone	Brick	Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$ 1.81	$ 0.84
	Lowest Risk	$ 1.04	$ 0.38

NAIC Number:	21415
Company Name:	Employers Mutual Casualty Company (Non-owner Occupied)
Contact Person:	Jo L. Byers
Telephone No.:	800-247-2128 ext. 2707
Email Address:	jo.l.byers@emcins.com
Effective Date:	2/15/2009

Homeowners Premium Comparision Survey Form
FORM HPCS - last modified August, 2005

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

Submit to: *Arkansas Insurance Department*
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: *501-371-2800*
Email as an attachment to insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a cdr disk

Survey Form for HO3 (Homeowners) - Use $500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*
3	*$80,000*																		
	$120,000																		
	$160,000																		
6	*$80,000*																		
	$120,000																		
	$160,000																		
9	*$80,000*																		
	$120,000																		
	$160,000																		

Survey Form for HO4 (Renters) - Use $500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*
3	*$5,000*																		
	$15,000																		
	$25,000																		
6	*$5,000*																		
	$15,000																		
	$25,000																		
9	*$5,000*																		
	$15,000																		
	$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use $500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*	*Brick*	*Frame*
3	*$80,000*	$348.00	$465.00	$348.00	$465.00	$348.00	$465.00	$348.00	$465.00	$348.00	$465.00	$348.00	$465.00	$348.00	$465.00	$348.00	$465.00	$348.00	$465.00
	$120,000	$491.00	$657.00	$491.00	$657.00	$491.00	$657.00	$491.00	$657.00	$491.00	$657.00	$491.00	$657.00	$491.00	$657.00	$491.00	$657.00	$491.00	$657.00
	$160,000	$635.00	$849.00	$635.00	$849.00	$635.00	$849.00	$635.00	$849.00	$635.00	$849.00	$635.00	$849.00	$635.00	$849.00	$635.00	$849.00	$635.00	$849.00
6	*$80,000*	$366.00	$483.00	$366.00	$483.00	$366.00	$483.00	$366.00	$483.00	$366.00	$483.00	$366.00	$483.00	$366.00	$483.00	$366.00	$483.00	$366.00	$483.00
	$120,000	$421.00	$682.00	$421.00	$682.00	$421.00	$682.00	$421.00	$682.00	$421.00	$682.00	$421.00	$682.00	$421.00	$682.00	$421.00	$682.00	$421.00	$682.00
	$160,000	$668.00	$882.00	$668.00	$882.00	$668.00	$882.00	$668.00	$882.00	$668.00	$882.00	$668.00	$882.00	$668.00	$882.00	$668.00	$882.00	$668.00	$882.00
9	*$80,000*	$598.00	$865.00	$598.00	$865.00	$598.00	$865.00	$598.00	$865.00	$598.00	$865.00	$598.00	$865.00	$598.00	$865.00	$598.00	$865.00	$598.00	$865.00
	$120,000	$845.00	$1,222.00	$845.00	$1,222.00	$845.00	$1,222.00	$845.00	$1,222.00	$845.00	$1,222.00	$845.00	$1,222.00	$845.00	$1,222.00	$845.00	$1,222.00	$845.00	$1,222.00
	$160,000	$1,092.00	$1,580.00	$1,092.00	$1,580.00	$1,092.00	$1,580.00	$1,092.00	$1,580.00	$1,092.00	$1,580.00	$1,092.00	$1,580.00	$1,092.00	$1,580.00	$1,092.00	$1,580.00	$1,092.00	$1,580.00

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinquisher	NA	%	*Deadbolt Lock*	NA	%
Burglar Alarm	NA	%	*Window Locks*	NA	%
Smoke Alarm	NA	%	*$1,000 Deductible*	NA	%
			Other (specify)		
					%
			Maximum Credit Allowed		%

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this co

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	yes	*(yes or no)*
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	5	%

	Zone	Brick	Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$ 1.81	$ 0.84
	Lowest Risk	$ 1.04	$ 0.38

ARKANSAS INSURANCE DEPARTMENT

Form RF-2
Rev. 4/96

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS REFERENCE
FILING ADOPTION FORM

1. Insurer Name Employers Mutual Casualty Company
   Address 717 Mulberry St
   Des Moines, IA 50306-0712

   Person Responsible for Filing Stephanie McBride

   Title Filings Analyst Telephone No. 800-247-2128 ext 2684

2. Insurer NAIC No. 21415 Group No. 62

3. Line of Insurance Dwelling Property

4. Advisory Organization ISO

5. Advisory Organization Reference Filing No. DP-2006-RLA1, DP-2004-RLA1, DP-2004-RRU1, DP-2003-RLC1, DP-2002-RLC1

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

7. Proposed Rate Level Change 0.7 % Effective Date October 1, 2007

8. Prior Rate Level Change 3.8 % Effective Date October 15, 2002

9. Attach "Summary of Supporting Information Form"
   (Use a separate Summary for each insurer-selected loss cost multiplier.)

10. Check one of the following:

☑ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

Insurer Name: Employers Mutual Casualty Company
NAIC No. 21415

Date: June 29, 2007
Group No. 62

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
2. Loss Cost Modification:
   A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
   (Check One)
   - [x] Without Modification (factor = 1.000)
   - [ ] With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

   B. Loss Cost Modification Expressed as a Factor: 1.000 (See Examples Below)

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	21.0 %
B. General Expense	5.5 %
C. Taxes, Licenses & Fees	3.3 %
D. Underwriting Profit & Contingencies*	4.9 %
E. Other (explain)	%
F. TOTAL	34.7 %

* Explain how investment income is taken into account.

4. A. Expected Loss Ratio: ELR = 100% - 3F = A.	65.3 %
B. ELR in Decimal Form =	0.653
5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	1.531 %
6. Company Selected Loss Cost Multiplier =	1.53 %

Explain any differences between 5 and 6:
Rounding

7. Rate level change for the coverages to which this page applies:	0.7 %

Example 1: Loss Cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss Cost Modification Factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

FORM RF2-Reference filing abstract NAIC LOSS COST FILING DOCUMENT—*OTHER THAN WORKERS' COMPENSATION*

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking # AR-DWG-2007-02	
This filing corresponds to form filing number AR-DWG-2007-03 (Company tracking number of form filing, if applicable)	

(X) Loss Cost Reference Filing ISO DP-2006-RLA1, DP-2004-RLA1, DP-2004-RRU1, DP-2003-RLC1, DP-2002-RLC1 **( ) Independent Rate Filing**

(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

x	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
☐	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: **Dwelling Property**

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(X) Without Modification (factor = 1.000)

( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

		Selected Provisions	
A.	**Total Production Expense**	**21.0**	**%**
B.	**General Expense**	**5.5**	**%**
C.	**Taxes, Licenses & Fees**	**3.3**	**%**
D.	**Underwriting Profit & Contingencies (explain how investment income is taken into account)**	**4.9**	**%**
E.	**Other (explain)**	**0.0**	**%**
F.	**Total**	**34.7**	**%**

5.	**A.**	**Expected Loss Ratio: ELR = 100% - 4F = A**	**65.3**	**%**
	B.	**ELR in Decimal Form =**	**.653**	
6.		**Company Formula Loss Cost Multiplier (3B/5B)**	**1.53**	
7.		**Company Selected Loss Cost Multiplier =** **(Attach explanation for any differences between 6 and 7)**	**1.53**	
8.		**Rate Level Change for the coverage(s) to which this page applies**	**0.7**	**%**

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
	h. Subject Codes	

3.	Group Name	Group NAIC #
	EMC Insurance Companies	062

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Employers Mutual Casualty Company	IA	21415	42-0234980

5.	Company Tracking Number	AR-DWG-2008-02

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jo L. Byers P.O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns.com

7.	Signature of authorized filer	Jo L. Byers
8.	Please print name of authorized filer	Jo L. Byers

Filing information (see General Instructions for descriptions of these fields)

9.	**Type of Insurance (TOI)**	Property			
10.	**Sub-Type of Insurance (Sub-TOI)**	**Personal Property**			
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**				
12.	**Company Program Title** (Marketing title)	**Dwelling**			
13.	**Filing Type**	☒ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	**Effective Date(s) Requested**	New:	2/15/09	Renewal:	2/15/09

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☒ Yes ☐ No
16.	**Reference Organization** (if applicable)	ISO
17.	**Reference Organization # & Title**	DP-2008-RLA1
18.	**Company's Date of Filing**	11/13/08
19.	**Status of filing in domicile**	☒ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	AR-DWG-2008-02

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The captioned company is a member of Insurance Services Office (ISO) and the Dwelling Program is filed on our behalf. We are transmitting for filing our intent to adopt the revised loss costs found in reference filing number DP-2008-RLA1. We will continue to use our currently filed loss cost multiplier of 1.53.
We supplement this filing with the $50.00 filing fee (EFT), our previously filed Reference Filing Adoption Form RF-2, Property and Casualty Transmittal Document, revised manual pages D-R-1 – D-R-5, D-R-8, and D-T-1 – D-T-5; these pages replace the same pages currently filed.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: **$50.00**

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Effective March 1, 2007

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	AR-DWG-2008-02
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	N/A

☐ Rate Increase ☐ Rate Decrease x☐ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	

4a. Rate Change by Company (As Proposed)

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	**Overall percentage rate indication (when applicable)**		
5b.	**Overall percentage rate impact for this filing**		
5c.	**Effect of Rate Filing – Written premium change for this program**		
5d.	**Effect of Rate Filing – Number of policyholders affected**		

6.	**Overall percentage of last rate revision**	
7.	**Effective Date of last rate revision**	
8.	**Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)**	

9.	**Rule # or Page # Submitted for Review**	**Replacement or Withdrawn?**	**Previous state filing number, if required by state**
01	manual pages D-R-1 – D-R-5, D-R-8, D-T-1 – D-T-5	☐ New x☐ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

EMC Insurance Companies

717 Mulberry
Des Moines, IA 50309-3872
P.O. Box 712
Des Moines, IA 50306-0712
Phone 515.280.2511
www.emcinsurance.com

December 3, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third St.
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415
Dwelling Program
Adopt ISO's Revised Loss Costs
Designation # DP-2008-RLA1
Company Filing #: AR-DWG-2008-02
Effective: February 15, 2009

We received your problem report dated November 19, 2008, regarding the captioned filing. Per your request, we have attached filing forms RF-1, HPCS, and RF-2 for Property.

We respectfully request your continued review and acknowledgment of this revision to be applicable to policies effective on or after February 15, 2009. Thank you.

Jo L. Byers, Filings Analyst
Rates and Filings Dept.
(800) 247-2128 Ext. 2707
jo.l.byers@emcins.com

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	HPCS-Homeowners Premium Comparison Survey	12/03/2008	rff_hpcs.xlsm
No original date	Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	11/13/2008	
No original date	Supporting Document	HPCS-Homeowners Premium Comparison Survey	11/13/2008	
No original date	Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	11/13/2008	rff_PF2.pdf

FORM RF2-Reference filing abstract NAIC LOSS COST FILING DOCUMENT—*OTHER THAN WORKERS' COMPENSATION*

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking # AR-DWG-2007-02	
This filing corresponds to form filing number AR-DWG-2007-03 (Company tracking number of form filing, if applicable)	

(X) Loss Cost Reference Filing ISO DL-2005-RLA1, DL-2004-RLA1, DL-2003-RLC1, DL-2002-RLC1 **( ) Independent Rate Filing**

(Advisory Org, & Reference filing #)

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☐	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Dwelling Liability

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(X) Without Modification (factor = 1.000)

( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000

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		Selected Provisions
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B.	**General Expense**	**5.5 %**
C.	**Taxes, Licenses & Fees**	**3.3 %**
D.	**Underwriting Profit & Contingencies (explain how investment income is taken into account)**	**4.9 %**
E.	**Other (explain)**	**0.0 %**
F.	**Total**	**34.7 %**

5.	**A.**	**Expected Loss Ratio: ELR = 100% - 4F = A**	**65.3**	**%**
	B.	**ELR in Decimal Form =**	**.653**	
6.		**Company Formula Loss Cost Multiplier (3B/5B)**	**1.53**	
7.		**Company Selected Loss Cost Multiplier =** **(Attach explanation for any differences between 6 and 7)**	**1.53**	
8.		**Rate Level Change for the coverage(s) to which this page applies**	**-26.4**	**%**